

# Tennessee Department of Health Division of Laboratory Services Influenza and Respiratory Viral Panel Submission Requisition

# Place State Lab Accession Label Here

(TDH use only)

*Indicates Required Fields											
SPECIMEN COLLECTION INF											
*Last Name:			*First Name:						MI:		
*DOB:			*Gend	*Gender:							
Race: □ American Indian □ Asia	an □ Black			Ethnicity: □ Hispanic □ Non Hispanic							
☐ Hawaiian/Pacific Islandei	r 🗆 White 🗆 C	Other (	)	Lumberty. 🗆 mspar		T TOTT THE	pariic				
Address:											
City:		*County	of Residence:			State: Zip Code			<b>:</b> :		
		*Specimen <sup>-</sup>	Type:		*	*Specimen Source:					
SUBMITTER INFORMATION											
*Submitting Facility:				Medical Record Number:							
*Address:											
*City:				*State: Zip Code:			de:				
*Phone Number:				Fax Number:							
☐ Sentinel Provider Network  CDC Provider ID Code (Selected facilities in Davidso surrounding counties)				□ Medical Examiner Office For prior approval contact: Virology Dept. @ 615-262-6350			□ Suspected Novel Influenza Examples include suspected H3N2v or H7N9. Specimen must have an answer of "yes" to one of the Novel Influenza epidemiologic questions. Call 615-741- 7247 for medical consultation and testing approval if all answers are "no".				
MEDICAL HISTORY*											
Date of Symptom Onset://_ Have the patient's symptoms resolved? □ No □ Yes □ Unk.											
Signs and Symptoms: (check all that apply)											
□ Cough □ Sore Throat □ Fever > $37.8^{\circ}$ C( $100^{\circ}$ F) □ Febrile but no measured temp □ Diarrhea □ Vomiting Was the patient hospitalized for this illness? □ No □ Yes □ Unk.											
If yes, was the patient admitted to the intensive care unit?											
Did patient die from this illness?				□ No □ Yes (Date: //) □ Unk.							
Is the patient pregnant?											
Did this patient receive seasonal flu vaccine since August of the previous year?   No Yes (Date: /_/)   Unk.											
NOVEL INFLUENZA EPIDEMIOLOGY (REQUIRED ONLY FOR SUSPECTED NOVEL INFLUENZA). MUST ANSWER "YES" TO AT LEAST ONE.											
1. Patient attended an agricultural fair (e.g., county fair) in the 7 days prior to becoming ill:   Or  Unk.											
2. Direct or indirect contact with pigs (at fair or elsewhere) in 7 days before becoming ill: □ No □ Yes □ Unk.											
3. Direct or indirect contact with poultry or birds in the 7 days before becoming ill:   No   Yes   Unk.											
4. Patient was a close contact to a known or suspected case of H3N2v or H7N9 influenza: □ No □ Yes □ Unk.											
5. Patient traveled within 10 days of onset to an area reporting human H7N9 cases or where H7N9 is circulating in animals:  □ No □ Yes □ Unk.											
During Illness, was patient associated with any of the following (check all that apply)											
□ Childcare/daycare Facility □ Long-term Care Facility □ Correctional Facility □ Hospital											
□ School - Please provide name:											
ADDITIONAL INFORMATION											
ADDITIONAL INFORMATION											
LABORATORY SUBMISSION	NS										
Do not submit swabs that have been used for rapid testing.											
Nashville Laboratory: 630 Hart Lane, Nashville,TN 37216 (FedEx, UPS, courier delivery) OR P.O.Box 305130, Nashville,TN 37230 (USPS)											



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	*Indicate	es Re	quired Fields						
SPECIMEN COLLECTION INF	ORMATION								
<sup>Q</sup> Last Name:	Last Name: ——First			Name:					
<sup>Q</sup> DOB:	9	Gende	der:   Male   Female						
Race: □ American Indian □ Asia			Ethnicity:   Hispa	nio 🗆 Non His	nonio				
□ Hawaiian/Pacific Islander	□ White □ Other (	)	Ethnicity. 🗆 Hispa	IIIC 🗆 NOIT FIS	panic				
Address:									
City:	Resid	dence:	State:		Zip Code:				
Onate of Collection:	oe:	©specimen Source:							
SUBMITTER INFORMATION	'								
<sup>O</sup> Submitting Facility:	?			Medical Reco	ord Numb	er:			
Address:									
City:						de:			
GPhone Number:			State: Fax Number:			Zip oodo:			
	- FID. 4			or Office	Cuanastad Naval Influence				
□ Sentinel Provider Network	□ EIP Influenza Hospitals	•	For prior approval co		□ Suspected Novel Influenza Examples include suspected H3N2v or				
CDC Provider ID Code	(Selected facilities in Davidson a surrounding counties)	and	Virology Dept. @ 61:	5-262-6350	epidemiologic questions. Call 615- 7247 for medical consultation and		lovel Influenza		
	surrounding counties)								
					testing ap	oproval if all a	nswers are "no".		
MEDICAL HISTORY ■				<u> </u>					
Date of Symptom Onset:/_ Signs and Symptoms: (check al	that apply)		Have the patient's	symptoms res	solved?	No □ Ye	s □ Unk.		
		Febril	e but no measured	temp 🛮 Diarrl	nea □V	omiting			
Was the patient hospitalized for the			□ No		□ Unk.				
If yes, was the patient admi	?	□ No		Unk.	, ,	□ Unk			
Did patient die from this illness?			□ Yes (D		!)	⊒ UNK.			
Is the patient pregnant?	□ No		Unk.						
Did this patient receive seasonal				□ Yes (D			□ Unk.		
Novel Influenza Epidem									
<ol> <li>Patient attended an agricul         If yes, name of fair     </li> </ol>	tural fair (e.g., county fair)	in the	or 🗆	•	No 🗆	Yes □ L	Jnk.		
Direct or indirect contact v	rith pigs (at fair or elsewher	re) in			lo □Y	′es □ Ur	ık.		
3. Direct or indirect contact w	ith poultry or birds in the 7	7 days	before becoming	ill: No 🗆	Yes □ U	lnk.			
4. Patient was a close contac	t to a known or suspected	case (	of H3N2v or H7N9	influenza:	No 🗆	Yes □ L	Jnk.		
5. Patient traveled within 10 c	lays of onset to an area rep	orting	g human H7N9 cas	es or where h	17N9 is c	irculating	in animals:		
During Illness, was patient associ	ated with any of the following	ı (ched	ck all that apply)						
□ Childcare/daycare Facility	□ Long-term Care Facility		□ Correctional	Facility	□ Hos	spital			
□ School - Please provide name:	,			,					
•									
ADDITIONAL INFORMATION									
LABORATORY SUBMISSION	IS								
	Do <b>not</b> submit swabs th								
Nashville Laboratory: 630 Hart La	ne, Nashville,TN 37216 (Fed	Ex, UP	S, courier delivery) O	R P.O.Box 3051	30, Nashv	rille,TN 372	30 (USPS)		

Every blank or section on the form denoted with an asterisk (\*) is a required field and must have complete information entered for the specimen to be processed.

➤ All mandatory asterisks are shown on the form as......

**Submitter Information (★)**: Fill in the organization/clinic/institution's name, address, etc. – not clinicians' names.

## **Specimen Comments**

- Preferred specimen is a nasopharyngeal (NP) swab
- If this specimen cannot be obtained, a nasal swab is acceptable.
- For intubated patients, endotracheal aspirates should be collected.
- Bronchoalveolar lavage (BAL) and sputum specimens are also acceptable.

#### **Swab and Media Considerations**

- Specimens must be collected using swabs with a synthetic tip (e.g., polyester or Dacron®)
- Acceptable swabs have an aluminum or plastic shaft.
- Swab specimen collection vials are to contain 1-3 ml of viral transport media (VTM) containing protein stabilizer and antibiotics to discourage bacterial and fungal growth and to buffer solution.

# **Storage and Shipping Specifics**

- Respiratory specimens should be kept at 2-8°C and shipped on cold packs. Send FedEx overnight or via same day courier.
- Testing is to begin no longer than 3 days after collection, unsent specimens older than 1 week should be discarded.
- Alternatively, specimens can be frozen at ≤-70°C and shipped on dry ice.

### **Infection Control**

 Health care personnel who collect respiratory specimens from ill persons should follow standard contact and droplet precautions, as recommended for patient care.

PH 4149 Revised September 2014